

(b) (3)
(b) (6)

CONFIDENTIAL

(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
Mills, Marjorie E.			

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
2626 Signorini St. Falls Church Va	Same

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE
Same -	

2. MARITAL STATUS (Check one)

SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED
IF MARRIED, PLACE OF MARRIAGE Fampa Tex					DATE OF MARRIAGE 13 Jan 45
IF DIVORCED, PLACE OF DIVORCE DECREE					DATE OF DECREE
IF WIDOWED, PLACE SPOUSE DIED					DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY			
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.	
Mills, Marjorie E	Same as above	534 0036	
NAME OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
Mills, Jeffrey L.	S. Vic + Norm	m	28 Dec 45
Mills, Robert G.	2626 Signorini St. Falls Church	m	17 June 55
Mills, Thomas S.	11	m.	9 Feb 52
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.	
Mills, M.A.	Portales NM		
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.	
Mills, Mrs. M.A.	11		

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle)	Mills, Willard B.	RELATIONSHIP	BROT

HOME ADDRESS (No., Street, City, Zone, State)	1407 Becket St. Austin, Tex	HOME TELEPHONE NUMBER	534 0036
---	-----------------------------	-----------------------	----------

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	U.S. Geological Survey, Austin, Tex	BUSINESS TELEPHONE & EXTENSION	
---	-------------------------------------	--------------------------------	--

IS THE INDIVIDUAL NAMED ABOVE WORKING FOR YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES	<input checked="" type="checkbox"/>
	NO	<input type="checkbox"/>

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

~~CONFIDENTIAL~~
(When Filled In)

5.

~~VOLUNTARY ENTRIES~~

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? YES NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? YES NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?
 YES NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO. (If "Yes", who possesses the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
Washington D.C.	14 March 1966	Donald E. Wells

~~CONFIDENTIAL~~